

DWD/DHFS Learning Center Registration Profile Form

Please use this form to:

1. Update your DWD/DHFS Learning Center profile information; or
2. Submit information to create your DWD/DHFS Learning Center profile.

NOTE: If you are an IM/W-2 or Child Support new worker, please use the [New Employee Registration Profile Form](#) instead of this form.

Mail or FAX this completed form to:

UW-Oshkosh Center for Career Development
Attn: Registration Staff
800 Algoma Blvd.
Oshkosh, WI 54901
FAX 920-424-1112

Date this profile is completed: _____

Please PRINT all responses legibly. Please complete the required fields, and all other information as appropriate. If you have questions, please call the Registration staff at 920-424-1071, or email ptsreg@uwosh.edu

Employee Information (*Required Fields)

*First Name: _____ M.I. _____ *Last Name: _____

*DWD/DHFS Learning Center logon ID (If known): _____

Last 4 digits of Social Security Number: _____

Position Title: _____

*Agency Name: _____

*Agency Address: _____
(street, city, state, zip)

Phone: _(_____) _____ Fax: _(_____) _____

Email: _____ CARES/KIDS User ID: _____

Contact Person (the person who receives information regarding training opportunities and registration confirmations)

Name: _____

Phone: _(_____) _____ Fax: _(_____) _____

Email: _____

Supervisor

Name: _____

Email: _____

CARES Coordinator

Name: _____

Email: _____

ATL (Agency Training Liaison) or Agency Trainer

Name: _____

Email: _____

Policy Coordinator

Name: _____

Email: _____

IM Training Coordinator

Name: _____

Email: _____